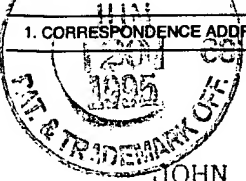


PART B—ISSUE FEE TRANSMITTAL

605.00 2424
#13

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
 <p>JOHN J. CHRYSTALON C/O LADAS & PARRY 224 SOUTH MICHIGAN AVENUE CHICAGO, IL 60604</p> <p>11/0320</p>		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
<input type="checkbox"/> Check if additional changes are on reverse side			

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/185,994	03/31/94	006	DAWSON, G	3309 03/20/95
First Named Applicant				
GARDNER,		MICHAEL S.		

TITLE OF INVENTION EAR TAG APPLICATOR

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 CU1108TFP	606-117.000	J84	UTILITY	XXX YES*	XXXXXXXXXX \$605.00	06/20/95

*see accompanying letter

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
John J. Chrystal c/o Ladas & Parry 224 South Michigan Avenue Chicago, Illinois 60604	1. LADAS & PARRY 2. _____ 3. _____

DO NOT USE THIS SPACE

140 KJ 07/13/95 08185994

1 242

605.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE:		<input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____	
(2) ADDRESS: (CITY & STATE OR COUNTRY)		6b. The following fees should be charged to:	
		DEPOSIT ACCOUNT NUMBER 12-0400	
		(ENCLOSE PART C) 10	
		<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies _____ <input type="checkbox"/> Any Deficiencies in Enclosed Fees	
A. <input checked="" type="checkbox"/> This application is NOT assigned. <input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) _____ (Date) 06/20/95	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

TRANSMIT THIS FORM WITH FEE CERTIFICATE OF MAILING ON REVERSE